and Trademark Office; U.S. DEPARTMENT OF COMMERCE< ENTITY STATUS Docket Number (Optional) 1.27(b)) IT INVENTOR JCC396A Applicant or Patentee: \*>Application< or Patent No.: Filed Herewith Filed or Issued: Tide: Improved IFB System Apparatus and Method As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in: the specification filed herewith with title as listed above. the application identified above. the patent identified above. I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below: No such person, concern, or organization exists.

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

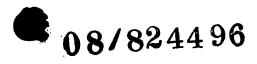
Each such person, concern or organization is listed below.

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Carl Coope NAMEOFINVENTOR NAME OF INVENTOR Signature of inventor Signature of inventor

\*\*>Burden Hour Statement: This form is estimated to take .3 hours to complete. Time will vary depending upon the needs of the individual case comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark (Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents,



PATENT

Attorney's Docket No
COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP APPLICATION)
As a below named inventor, I hereby declare that:
TYPE OF APPLICATION
This declaration is for the following type application:
(check one applicable item below)
∑χ original
design
NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation in-part application do not check next item and check appropriate one of last three items.
national stage of PCT
supplemental
NOTE: If one of the following 3 items apply then complete and attach ADDED PAGES FOR DIVISIONAL, CONTIL UATION OR CIP.
divisional
continuation
continuation-in-part (CIP)
INVENTORSHIP IDENTIFICATION
WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.
My residence, post office address and citizenship are as stated below next to my name, believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which claimed and for which a patent is sought on the invention entitled:  Improved IFB System Apparatus and Method
SPECIFICATION INDENTIFICATION
the specification of which: (complete (a), (b) or (c))
(a) 💢 is attached hereto.
(b) was filed on as Application Serial No and was amended on (if application serial No
plicable ).
NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are n accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved a those filed with the application papers or, in the case of a supplemental declaration, are those amendment claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.
(Declaration and Power of Attorney [1-11—page 1 of 4)

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	I acknowledge the duty to disclose information which is material to the examination of his application in accordance with Title 37, Code of Federal Regulations. § 1.56(a).								
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(Declaration and Power of Attorney [1-1]—page 2 of 4)

## **POWER OF ATTORNEY**

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

J. Carl Cooper, Reg. 34,568

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

1. Carl Cooper
2. Pixel Instruments
718 University Ave.
Suite 210

Los Gatos, CA. 95030

## **DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

	SIGNATURES	
Full name of sole or fi		
Inventor's signature		
Date 3/14/97	Country of CitizenshipUSA	:
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<del>-</del>	Monte Sereno, CA 95030	
Full name of second Joint Inventor's signature	oint Inventor, if any	
~	Country of Citizenship	
Residence		
Post Office Address		

## CHECK PROPER DEX(ES) IF ANY OF THE FOLLOWING ADDED PAGE(S) FORM A PART OF THIS DECLARATION

Ľ,	Signature for third and subsequent joint inventors. Number of pages added
	Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added
	Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added
	• • •
Ò	Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.
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